

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598827

FILING DATE

27 APR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
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TOTAL IND.	1	1	3	1		1
TOTAL DEP.	14	14	14	14		14
TOTAL CLAIMS	15	15	17	15		15

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		2		2		2